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\_\_\_\_\_

(Name, Address, Phone No., E-mail)

MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

In the Matter of the  
Guardianship/Conservatorship

of

\_\_\_\_\_

Incapacitated Person

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§  
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§  
§  
§  
§

Cause No. \_\_\_\_\_

ANNUAL ACCOUNTING

Comes now, \_\_\_\_\_, Conservator of the above-named incapacitated person by appointment dated \_\_\_\_\_, 20\_\_\_\_, and certifies to the Court that the Summary of Accounting of Funds from \_\_\_\_\_, attached hereto and by this reference made a part hereof, constitutes to the best of my knowledge a true and correct accounting of the status of the funds of the Guardianship and Conservatorship of \_\_\_\_\_, from \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_.

**I declare under penalty of perjury and under the laws of the State of Montana that all statements and information contained in this document are true and correct.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature